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REMARKS ON THE VENEREAL DISEASE AT THE SANDWICH ISLANDS.

[Communicated for the Boston Medical and Surgical Journal.]

When commencing my previous article, it was my purpose, after a few general comparisons of some of the diseases of Siam and the Sandwich Islands, to direct attention to the prevalence and disastrous effects of the *venereal disease* at the latter place; but found myself coursing unexpectedly over a broad and important field of medical inquiry. Some of the facts and suggestions are not in accordance with generally-received opinions, and ought to have a more extended and elaborate examination.

Of the first origin of the *venereal disease*, it is not the place here to discourse. It now exists the world over, where *civilization* dwells, and wherever men from *civilized lands* have been. It was perfectly natural, in the early writers of Europe, to seek to account for the existence among them of a disease so foul, by charging it on some obscure and savage race, who would not and could not vindicate themselves. And what could be more opportune and more *unanswerable* than to charge it on the *new* and *far-off* world? How unlikely, too, that the land of Columbus, or any other equally enlightened, could ever have generated such a pestilence. There is, however, too much reason, judging from present facts, to believe that for the huge piles of gold taken from the aborigines of America, they were *rewarded* by their ravishers with the vilest disease ever sent on earth as a punishment for transgression.

It was almost within the memory of men now living, when the venereal was unknown upon the islands throughout the vast Pacific, if we take the testimony of the natives, who seem to speak understandingly on the subject. Such was the case at the Sandwich islands till visited by Capt. Cook in 1778. The natives had ever lived in habits of the most unrestrained and promiscuous sexual intercourse, but were still exempt from both gonorrhœa and syphilis. Such is the general testimony of the natives now living, and such, too, was the testimony of individuals, sixteen years ago, who lived when Capt. Cook visited them, and who knew, from personal observation and experience, the deleterious influence of his visit. The present fatal and devastating effects of the venereal, in the destruction of life and in the barrenness produced among the females, serves to corroborate their statements, and to show conclusively that it could not have been of ancient existence among them. The reflection is indeed painful, that this great navigator and discoverer *should* have everywhere left the seeds of death in his trail. But so it was, and so it is at the present time; for it may probably in the general be said, that not a ship leaves our ports on board of which the venereal does not exist. Let them, then, sail to unexplored regions, and discover new lands; they will be like fire ships sent into the enemy's fleet, and imagination will fail to realize their full and horrid influences, in the evils they may entail on the inhabitants. Our sea captains and commodores seem to look too indifferently at the subject.

On my arrival at the Sandwich Islands in 1832, the most numerous applications made to me were for the relief of the venereal—generally gonorrhœa, which was for the most part primary in its symptoms. The natives know of no specific, and could do nothing to stay its course. The disease did not appear very malignant; it generally yielded to a few doses of balsam copaiva, and where it had run on, and seemed to have run itself out, the after consequences were not of the formidable kind so common in this country. Strictures of the urethra were frequent, but not often of the worst shape. Fistulas were rarely produced, and I did not meet with a case of orchitis among the native population. The females might have suffered more from the disease than was apparent. They had leucorrhœa very extensively and severely, and it was not easy in all cases to distinguish it from gonorrhœa. The great amount of barrenness among them gives reason to suspect that the latter affection was very much the cause of it.

Individuals who had been at the Islands before me, had mentioned the existence there of numerous large ulcers, such as they had nowhere else seen. The same features early attracted my own attention, and for size and frequency surpassed everything of the kind that I had ever met with. The ulcers occurred on almost every part of the body; sometimes on the face, involving the destruction of the nose, one or both eyes, the lips, the alveolar processes, causing the teeth to point in every direction, and horribly distorting the visage by the muscular contractions. All of the foregoing I have seen on a single individual. Sometimes the entire front of the thorax would be covered with an ulcer, then one or both arms or one or both legs over a considerable portion, and now and then the external genitals were entirely gone. In one case the skull was perforated to the brain with numerous fistulas. Of their venereal origin, the natives themselves did not seem to have a thought; and if foreign physicians had so regarded them, they did not appear to have effected much in the way of cure. For some time they were not so regarded by myself. I considered them, as others did, as something *sui generis*, perhaps contagious—a disease perpetuated and aggravated by their nakedness and consequent exposure to the air, to dust and to insects, also frequent bathing in the sea. All external applications—ointments, washes, escharotics, &c., together with bandaging—had no effect in the way of healing, and moreover could not be extensively used for the want of nurses. Internal remedies seemed alike inefficient, till a resort to *mercurial remedies* effected all that could be wished. Along with the use of them, my inquiries into the history of the cases confirmed me in my suspicion of their *venereal origin.* My course of treatment was simply to give a grain of calomel with a few grains of Dover's powder every night, till slight ptyalism was induced. The ulcers would then, as a general thing, begin to heal, and it was rare that a second ptyalism did not effect an entire cure, except in cases where the bones were affected along with the soft parts. I never tried sarsaparilla, nor mezereon, nor guaiacum, nor other remedies of a like kind, for the very sufficient reason that calomel was so much more conveniently administered to the scattered natives, and withal was so certain in its results. In some of the severer cases protracted courses of corrosive sublimate were successful. Perhaps in the first invasion of the disease, remedies more mild than the mercurial might have sufficed; but application was rarely made till the secondary symptoms had supervened, and I was never aware of any subsequent detriment arising from their use.

As to the question, whether the disease, if left to itself, might not become milder and milder, and at length run itself out, no one can answer. Nothing looked like it at the Sandwich Islands. The gonorrhœa seemed often to get well, without interference, with the exception of the secondary affection; but not so syphilis. This disease, invariably, where I observed it, ran on spreading over the body, and increasing in severity, till it terminated in death, unless checked by appropriate remedies. Were all intercourse with foreigners prevented, and no new types and phases of the disease disseminated among the people, it is impossible to say what might be the result. Possibly it might grow milder, and at length become inert; but the formidable shape which it possesses, as has been detailed, would not seem to offer much promise of such a termination. And besides, the idea of non-intercourse with other nations is quite out of the question. Every ship which touches at the Islands carries the infection, and any interference of the government to prevent its spread would be resisted in the same summary manner as that used by the French to force in their *brandy*, and by the English to force *opium* upon China. And so, too, the constant and free intercommunication and intercourse of all parts of the world, utterly precludes the idea that any place, where it has once entered, will ever be so fortunate as to get rid of it. The disease, as is well known, has different phases in different places and among different individuals. Dr. Fergusson says that "In Portugal, during the late war, the dreadful ravages of the venereal disease among the British soldiers, and its comparatively mild phenomena among the inhabitants of the country, were particularly noticed." And he further adds, "with the natives the disease is very mild; curable, for the most part, by topical treatment alone, or wearing itself out when received into the constitution. after running a certain course, not always a very destructive one." The same was observable in part at the Sandwich Islands. The primary venereal seemed most severe among foreigners, and, as I have already remarked, the gonorrhœa would, when left to itself, at length run out. But not so the syphilis;

and had Dr. Fergusson remained long enough in Portugal, he might probably have seen the same horrible secondary effects that I saw among the Sandwich Islanders; and he might, too, have changed his views as to the likelihood that the disease will ever lose its power and become inert.

So soon as foreign ships began to touch at the Sandwich Islands, so soon the population began to decrease. The circumstance was not unusual; for the same result has everywhere, the world over, attended the intercourse of civilized with uncivilized people. Many reasons have been assigned as the cause, but probably none have been so extensive and so active as the venereal. Such is becoming the opinion of those most intimate among the uncivilized, and have the best opportunities for observing. The former habits of promiscuous intercourse, practised by the Sandwich Islanders, must have tended greatly to retard the increase of population. It was made evident when the institution of christian marriage was first established, by the fact that the general observance of the conjugal relation produced an immediate increase of births. The circumstance was so manifest, that women as old as Sarah called on the missionaries, requesting to be re-united to their husbands according to the christian ceremonial, hoping thereby to be made fruitful. But notwithstanding the ancient habits of intercourse, and the frequent devastating wars, the people, when discovered by Capt. Cook, had increased to 400,000. The population is now only about 100,000. The ratio of decrease, for the period, only 72 years, is startling, and the cause or causes must have been uncommonly active. They have decreased three quarters, while for the past thirty years the appliances of civil and christian influences have been unusually thorough and effective. It may here be incidentally remarked, that the greatest diminution was previous to the establishment of the American mission in 1820, and the ratio of decrease has since been continually less. Some increase of numbers has of late been found on those Islands most removed from the seaports visited by ships, and it is not improbable but that an increase over the whole group might have been reported for the last year, had it not been for the devastating effects of the California fever, together with the prevalence of hooping cough and measles which proved very fatal. The people have made great advances in improvement—in both civil and religious usages—they have schools extensively established and well looked after, and printing presses sending out a constant supply of new books and periodical papers. They have also numerous christian churches, and an enlightened form of government. They furnish a greater proportion of readers than most of the *civilized* nations of the world, and in *general* intelligence and morals will not compare diminutively with some of our own States. Still they do not increase in numbers, correspondingly with their increase of advantages, if we leave out of view the exterminating diminution to which for a time they were subjected. It is not so in the more debased communities in our own land. There is no lack of fecundity among the lowest class of Irish, nor among the blacks of our southern States, neither of whom are more moral or regular in their lives, nor more temperate, nor are better fed, than the Sandwich Islanders. The cause, then, must be *distinct* and *peculiar*.

I have already alluded to the wide-spread existence of the venereal disease among the people, and to the effects of gonorrhœa in inducing impotence and barrenness. Syphilis had a like effect and was wider in its influences. It caused barrenness by the constitutional debility which it produced; it attacked the fœtus in utero, which was either still-born or suffered certain premature death, and it carried off uncounted numbers of the adult population. We have no evidence that the disease operates so extensively and so destructively among others—the Irish and the negroes—and must be justified in counting it the *most prominent* cause of decrease at the Sandwich Islands. A. CHAPIN.

E. Abington, Feb. 12, 1850.

A NOVEL CASE OF ANEURISM.—FROM MY NOTE BOOK.

BY A. C. CASTLE, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the following singular and interesting case of aneurism, was the eminently-distinguished artist, the late Mr. C——e. I had made for that gentleman a partial set of teeth, to complete the superior maxillary apparatus, in the place of the absent organs. They were fitted to the mouth compactly, and had been worn without any inconvenience for several weeks, to the entire satisfaction of the wearer, when Mr. C——e was much annoyed by a small vesicle, which had made its appearance upon the lingual centre of the roof of the mouth, immediately upon the terminal edge where the gold plate formed the basis upon which the denticulation was completed. The vesicle gradually increased until it had attained a size double that of the following capital letter O. Its color presented a deep purplish hue, similar to the hæmorrhoidal tumor. The first instance of its appearance, upon examination, I conceived its character to be that of the ordinary "water blister," so common to this part of the mouth, caused by taking food too hastily into the mouth whilst in a hot state, or consequent upon a deranged state of the *primæ viæ*. An "astringent mouth wash" and an aperient medicine were prescribed. When the material change had taken place, as I have stated above, I was of opinion that the compression of the gold plate over the large surface of the soft texture of the gums and the roof of the mouth, had impeded the circulation of the blood, and had caused an enlarged varicose tumor. It exhibited no pulsation, nor any other indicant than an *inert* and now pendant encysted blood-sac. With a pair of curved scissors I snipped off the sac, which was followed by a gush of blood, filling the mouth and fauces, almost causing suffocation, the patient not having been prepared for this contingency. The blood being emptied from the mouth, I found that it continued to flow *per saltum*, in a large full stream. I at once perceived that instead of a varicose tumor, as I had supposed, I had removed the aneurismal sac of a large artery. The diagnostic marks had been vague and undefined, and nothing characteristic warranted a different diagnosis and action upon an affection—never perchance met with before—the attendant upon an anatomical digression of rare occurrence. The patient naturally enough was very much alarmed. His mouth was constantly filling with arterial frothy blood, added to the apparent impossibility of getting at the artery to secure it, pressure having altogether failed to arrest the hæmorrhage.

I was fortunately enabled to overcome this seemingly formidable difficulty with little trouble. While a student, I was engaged upon "a subject," dissecting the head and neck regions, tracing the relative positions of the arteries, nerves, veins, &c. &c. In so doing, I traced the anterior palatine artery passing through a hole in the centre of the suture of the palatine bones, whilst the *foramen incisivum* or anterior palatine hole was absent, which, as is well known, is found immediately behind the alveoli-palatine bones, between the two superior incisor teeth. I called the attention of Professot Mott, and Dr. Richardson, Professor of Anatomy, to the circumstance. They informed me that they had met with one or two similar cases—of course of no further importance than (as in this case) the knowledge of this anatomical deviation from the usual natural design.

This anomalous affection and its result brought to my mind—which after circumstances proved to be correct—that the *foramen incisivum* was in this case situated in the centre of the palatine bones, and that either by mechanical pressure of the gold plate, or from some other cause, the aneurismal affection of the anterior palatine artery had been superinduced, and the pendant aneurismal sac formed. The indication was, of course, to arrest the hæmorrhage. I proceeded to cut a piece of cork (quercus suber) into the form of the letter x, which I inserted into the end of the canula of a small-sized trocar. I passed the mouth of the canula well through the orifice into the palatine hole, and with a blunt piece of wire, in the place of the trocar, pushed the cork into the desired position. It formed a most excellent *button plug*, and instantly stopped the bleeding. On the fourth day after its insertion, the plug came away, and the patient experienced no further difficulty or inconvenience.

New York, *Feb.* 12, 1850.

TOPICAL TREATMENT OF THE RESPIRATORY PASSAGES.

[Read before the Suffolk District Medical Society by GEO. BARTLETT, M.D., and communicated for the Boston Medical and Surgical Journal.]

As introductory of a purpose to invite attention to the modern topical treatment of disease of the respiratory *passages*, I have brought to this meeting one or two specimens of a spatula designed to facilitate the application of remedial substances to the lining membrane of the nasal cavities, fauces, larynx, &c.

It effects this by enabling the operator to control the tongue over its whole length, with the same instrument that applies the medicine, either in dry or liquid form, to the surface above or below the isthmus faucium.

If below the epiglottis is desirable, the spatula is made to completely control the act of deglutition, without which the larynx is not shut; while at the same time the ineffectual efforts to swallow raise upward the larynx, nearly or quite enough to meet the instrument.

Topical medication seems to be accomplished in this way more thoroughly and with much less suffering to the patient than by the ordinary modes, the principal varieties of which are inhaling tubes, crooked syringes, and the sponge probang recommended by Trousseau, Belloc and Dr. Green. During several years' attention to this subject, no other instrument has been found necessary, while the certainty of its action has demonstrated that the morbid condition amenable to local treatment alone, is not merely an occasional occurrence, but a frequent one.

How much therapeutic importance the profession in general concedes to local treatment of disturbed action in the throat, is only a matter of inference. Probably it sustains but a feeble reputation, and will continue to do so, not so much from unsoundness in its claims, as a want of perseverance in gaining knowledge from experience.

An important consideration to be borne in mind, is the circumstance that it is not an exclusive course, and by no means implies an abandonment of any general or constitutional treatment that may be thought judicious. The question, however, may fairly be put whether, if either mode be relied on singly, this fails so often as the ordinary routine of internal remedies? All must remember cases of obstinate cough, hoarseness, loss of voice, &c. &c., that have resisted counter-irritation and constitutional treatment to the sore discouragement of both patient and physician. So accustomed are practitioners under these circumstances to the *via trita*—not always the *via tuta*—that if they diverge occasionally they are apt not to follow a new path to the end, and hence, perhaps, the indifference to topical medication.

This indifference is not justified, if we adopt the numerical system of comparison, and do not act from discouraging impressions left by fatal terminations which must happen under any and all modes of management. These impressions, too, are much lightened by taking into consideration the comfort and relief given even in fatal cases; to which are to be added the instances in which topical medication of the passages delays where it does not ultimately avert development of tuberculous disease.

There are many instances, also, of acute disturbance of function in the respiratory passages unaccompanied with organic change, which well reward the application of local remedies. Some of these are trivial in their character, and some very grave. Why should not these be treated as if they were on the external surface? If the eye, or the nose, or the rectum, or urethra, is the seat of disorder, and we can see any physical change that may cause or continue the evil, we do not keep our hands off and allow disorganization, perhaps, to go on while the patient is swallowing drugs. To be consistent, the same local remedies should be applied to the earliest indications of physical change in the throat. With a little pains-taking, these may readily be brought within sight in very many instances, and in all the eye or the ear are pretty sure guides for discovering their presence. Remembering that nicety in function in any organ does not necessarily imply intolerance of interference when that function is disturbed, and that experience has shown that the animal sensibility of the respiratory passages is not very exalted, why is not topical medication as appropriate practice on one surface as another?

Among the indispensable requisites for success in the treatment under consideration, is a long perseverance on the part of both patient and physician, to which should be joined, on the part of the latter, a ready familiarity with a large number of different remedial substances. By too general consent nitrate of silver has almost exclusively been relied upon; while in addition to the already well-known escharotics, alteratives and narcotics, modern chemistry has furnished us with many new agents of nearly untried efficacy in surgical practice.

To avoid monopolizing the Society's time, the natural history and pathology of the disorders of the air passages have been purposely omitted. Looked at from simply the practical point of view, the following deductions seem to be justified by our present state of knowledge.

1st. That no good reason can be given why disease of the respiratory passages, manifest to the eye, should not be treated on the same prinples as analogous morbid changes on the external surface.

2d. That disease in these passages is not rare, but frequent; and is as often the cause as it is the consequence of tuberculous development.

3d. That the benefit of topical treatment is by no means confined to chronic cases—acute affections yielding to it more promptly and surely than to any other.

4th. That cough, hoarseness, loss of voice, &c., whether accompanied with incurable disease of the lungs or not, should be treated topically; if not with the expectation of saving life, at least of prolonging it, and with a certainty of diminishing suffering.

5th. That nitrate of silver is not a universal remedy—other substances frequently possessing the same superiority over it, when applied to the internal surfaces, that they do when used externally.

PUBLIC HYGIENE.—TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Allow me to make a few corrections in that part of the Report on Public Hygiene, in the late volume of Transactions of the American Medical Association, which pertains to the cities of Boston and Lowell.

The Report passed through the press at a distance, so that the writer could not conveniently examine the proof sheets. It is not strange, therefore, that some errors should occur; yet it is to be regretted, inasmuch as anything of a statistical nature, especially, should be strictly correct to be valuable. The subject of public health and the causes affecting it are well worthy the most accurate and full investigation, because they relate to the highest good of mankind.

The following corrections are supposed to cover most of the errors On page 507, for the last part of Table XII., substitute,

1841 to 1845 (inclusive).	Males.	Females.	Total.
Average population	9,137	15,917	25,054
Average deaths	186.4	209.0	399.2
Being 1 death in	49.02	76.16	65.26
In 100	2.040	1.313	1.531

Page 509, for the last part of Table XIII., substitute,

1841 to 1845 (inclusive).	Under 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	Over 60.	Total.
Average population .	4,667	5,467	8,789	3,487	1,582	702	360	25,054
Average deaths	211.2	37.0	55.6	39.8	21.6	15.2	16.4	399.2
Being 1 death in . . .	22.10	147.76	156.28	87.61	73.24	46.18	21.95	65.26
In 100	4.525	.677	.640	1.142	1.365	2.166	4.556	1.531

Page 519, line 25, for "*ever*" substitute even.

Page 520, lines 13 and 14, for "*one fifteen thousandth*" substitute fifteen thousandths.

Page 523, line 28, for "*immortality*" substitute immorality.

Page 529, lines 25 and 26, for the sign "+" substitute the sign ÷.

Page 531, note ‡. for "*Finlayson*" substitute Finlaison.

Page 534, line 18, for "*economies*" substitute economics.

Page 543, Table XXVII., in the total of males, fourth column, for "5853" substitute 2853.

Page 544, Table XXVIII., in the first column (males) between 1 and 2, for "237" substitute 337; and in the third column (total), between 2 and 5, for "396" substitute 394.

Page 547, Table XXXI., in totals of class II., fourth column, for "233" substitute 232.

Page 548, same table, in the totals of class IV., seventh column, for "2069" substitute 2067; and in the same column, against *enteritis* in class VI., for "7" substitute 79.

Page 549, Recapitulation of same Table, in class II., fourth column, for "233" substitute 232; and in class IV., seventh column, for "2069" substitute 2067.

Page 554, Table XXXVIII., in totals, for "28.03" substitute 28.00.

It may not be improper to say that no pains or labor has been spared to make the statements and statistics in the Report, accurate. Justice seems to require the remark, that those pertaining to Lowell will be found to disagree with the statistical tables of Dr. J. O. Green, in his address before the Massachusetts Medical Society in 1846—the unintentional errors in the latter rendering them so defective as to diminish their value.

Boston, February, 1850. J. CURTIS.

NEW MUSCLE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In our dissections of this winter, a muscle has been seen which I have never before witnessed, and which, so far as my examination into anatomical authorities has extended, seems to be new. I send you its description, and leave the worthiness of its publication at your disposal.

This muscle, from its attachments and function, I shall take the liberty of calling, as not seeming unappropriate, *the extensor accessorius indicis.*

The subject was a colored female, and the muscle had its *origin*, upon the right hand, by a delicate tendinous membrane from the radio-carpal articulation behind the posterior annular ligament, and in the same groove with and posterior to the tendons of the extensor communis and indicator; becoming fleshy, it soon divided into two bellies of different size. The smaller was inserted or connected with the tendon of the indicator near the base of the metacarpal bone of the forefinger; the larger, about two inches in length, connected by a slender tendon, also with the tendon of the indicator, but near the articulation of the metacarpal bone with the forefinger.

On the left hand there was a similar origin, but only one fleshy belly, which had a similar *insertion* or attachment, with the larger belly upon the right. The size of this muscle, in either hand, nearly equalled the plantaris of the leg.

Function.—Its use seems evidently to assist the indicator in the extension of the forefinger. The extensor longus sent its usual tendon to both of the index fingers, and united in the usual way with the indicator tendon.

In the last edition of his Anatomy. Dr. Horner remarks, in a note in reference to the indicator, that it is "subject to many modifications"; that sometimes it is *digastric*, sometimes *double*, "in which case the second head goes to the middle finger."

In the first American edition of the Dublin Dissector, the editor makes a similar remark, but it is evident the muscle above described cannot be brought under either of these modifications of the indicator.

Yours very respectfully,

Baltimore, Md., Feb. 24, 1850. W. R. Handy.

INHALATION OF NITRATE OF SILVER, &c.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having seen the following in the *London Lancet*, when it was first published, now nearly one year since, and having tried it in several cases and found it highly beneficial, I wish to call the attention of your numerous readers to what seems to me to afford a fair prospect of enabling us to accomplish more in *incipient phthisis* than has heretofore been done. I, of course, claim no *originality* for its employment, as the hint was taken from the article below, and the same plan pursued as there suggested. I only wish to bring the subject before the profession as one which, I think, promises much in the treatment of consumption, especially in its *incipient* stage. The article is by Dr. T. K. Chambers, of London.

Boston, Feb. 27, 1850. Yours, &c.

W. M. Cornell.

"While treating diseases in those parts of the mucous membranes which are sufficiently exposed to sight and touch, for the immediate application of remedial agents, there are few to whom the wish has not occurred that equal facilities were afforded of directly influencing the deeper-seated continuations of the same fabric. The powerful remedies which restore so rapidly to health the conjunctiva and the fauces, would probably act with equal quickness and success on the stomach or the bronchi, could we apply them rightly to the right spot, and attack the local disease without passing circuitously through the whole system. A mode I have lately adopted of attaining this end with the most inaccessible mucous surface of all, the pulmonary, though it is clumsy and imperfect, may still be found useful in some obstinate cases where the upper part of the air-tubes is principally diseased. The plan is, the inhalation of a light innocuous powder, which may carry with it the required substance, either diffused in the air or absorbed in its pores. That which I have found well suited to the purpose is the pollen of the gycopodium, or club-moss, which has been made to imbibe as much as it would take up of a saturated solution of nitrate of silver, or of sulphate of copper, or of the two combined, and then carefully dried, and reduced again to an impalpable powder. Mr. Squire has made me some, which, in two grains and a half, contains one grain of nitrate of silver, and another, which in five grains contains one of nitrate of silver and two of sulphate of copper. The patient should introduce into his mouth, as far as he can without choking, a well-dried glass funnel, and draw in his breath strongly, whilst he himself, or a second party, dusts the powder in a dense cloud into the large end with a nursery puff-ball. If the dust be raised by an attendant, the patient can indicate the moment he inspires by raising his hand. To obviate the necessity for withdrawing the funnel during expiration, to prevent the dust being blown about the room, an apparatus may be used with a double valve and a closed powder-box, which allows the dust to pass inwards only; but the employment of metal makes the machine less agreeable than the more awkward but cleaner-looking and less formidable glass.

"There is usually some coughing excited by the dusty vehicle, but not of such moment as to prevent the immediate repetition of the experiment. This is certainly an inconvenience, but it seems a much less one than those which attend the introduction of a sponge into the larynx, as has been recommended. The spasm excited by this is distressing to the operator and painful to the patient, and prevents its employment in slighter cases where the remedy appears to both as bad as the disease. Moreover, the operation is a very difficult one, requiring a rapid accuracy, a spirited tenderness of touch, as the artists call it, which is the lot of few, and is seldom retained at that period of life when the intellect is most matured, and when the brush, the burin, and the scalpel, are handled with more judgment indeed, but with less elegance and delicacy."

ON SEMOLA—A NEW PREPARATION OF WHEAT GLUTEN AS AN ARTICLE OF DIET.

BY LLOYD BULLOCK, ESQ., OPERATIVE CHEMIST, LONDON.

As the chemistry and physiology of digestion and nutrition become more clearly understood, an increasing interest attaches to the various articles of diet, and especially demands that their composition should be known with greater precision. The theory that assigns essentially different functions to the nitrogenous and non-nitrogenous principles of our food may now be regarded as established. And the further opinion, that many diseases either originate from, or are increased by, substances which are constant constituents of ordinary food, is certainly gaining ground, if, indeed, it be not already generally admitted. In the further application of chemistry to the elucidation of pathology, it would seem scarcely possible to arrive at satisfactory results without a tolerably accurate knowledge of the constitution of every article of diet.

In the treatment of diseases, it must be of the highest importance for the practitioner to have a distinct knowledge of the composition of the substances he recommends; and to be able, on the one hand, to administer respiratory principles, or fuel (as the non-nitrogenous substances in food are well termed), as they serve merely to maintain animal heat and satisfy the cravings of appetite, without supplying nourishment, properly so called; and, on the other hand, to give articles of diet which are simply nutritive, with as little admixture as possible of matter not convertible into blood and flesh.

An animal diet would seem, at first sight, to supply exactly the last desideratum, as a small admixture of fat might serve the respiratory process and supply a sufficient amount of animal heat. But it is found that animal food, given alone, or without some admixture of farinaceous principles, becomes quickly loathed and abandoned. Indeed, it is no more practicable to keep up an adequate supply of nutrition, by means of animal food, than it would be to give wine and alcohol to serve as fuel. They would both probably be injurious to the system in the same way —namely, by accelerating the functions beyond the normal action (that is, act as stimulants) and thus induce disease.

Hence it would appear to be an object of primary importance, in a regulated system of diet, to be able to separate the vegetable nutritive principles from the large amount of starch, woody fibre, sugar, &c., with which they are naturally associated; and thus to have the means of administering nourishment without stimulating, and in a small bulk. In the special case of diabetes, it has long been recognized as a desideratum to find some vegetable substances congenial to the stomach, and at the same time highly nutritious, with as little starch as possible. In many forms of indigestion and diseases of debility, it must be equally desirable to administer a diet of similar character—namely, as nutritive as animal food, without stimulating. There is no substance in nature which seems to possess the required chemical composition and properties so perfectly as wheat gluten, and the facility with which this is separated from the starch, sugar, &c., of the wheat, has directed much attention to it.

But all attempts hitherto made to convert gluten into a palatable and manageable food have failed. Perhaps too much has been aimed at, as most of the suggestions made on the subject have contemplated the entire exclusion of starch—such was the intention of Bouchardat, in his plan for making gluten bread.

I have myself prepared the gluten bread for the profession to a considerable amount, and I find it impossible to produce an eatable, not to say palatable bread, without the addition of a considerable proportion of flour. The cost of this bread, too, is necessarily very great, totally precluding its general adoption, even in the comparatively rare case of diabetes, and it is so disagreeable to eat that it has scarcely been tried in other cases.

Dr. Percy has recently recommended the mixing of fine pollard, or ground bran, or the woody fibre of the potato, with the gluten. These substances may serve to modify, to some extent, the tough texture of the gluten, but they certainly do not make gluten bread more agreeable or more digestible.

These remarks may serve to explain my reasons for now requesting the attention of the profession to a new article of diet, under the title of semola. A highly respectable mercantile firm having requested me to examine a substance which they propose to sell under that title, I find that it contains between fifty and sixty per cent. of wheat gluten, and to consist of this, together with pure wheat starch, in a physical condition, which renders it admirably adapted to become a general article of diet.* Having been made acquainted with the process adopted in its preparation, I was enabled to suggest certain modifications, by means of which an article, uniform in composition, agreeable to the taste, and well adapted for a variety of culinary purposes, may be manufactured.

It must surely be a matter of great importance, to possess a substance containing so large a proportion of the staminal principles of nutrition in a form agreeable to the stomach and pleasant to the taste, to recommend in cases of debility whether local or general.

Perhaps it would be unbecoming in me to dwell upon the special application of a substance of this character, as the profession will perceive at once how well adapted it is to be made the food of children, as supplying flesh and blood as freely without stimulating like animal food; and how numerous are the occasions when it is desirable to furnish to persons of weak digestion a bland and highly nutritive diet?

Let it be observed that the practitioner is not called upon to recommend an empirical food, like those sold under the name "farinaceous," "infant's food," &c., which are merely mixtures of the flour of the cheaper grains, oats, barley, &c., with raw or baked wheat flour.

The composition of semola, as I have observed, is uniform, and its physical form renders it highly agreeable when cooked as water-gruel, milk-gruel, or made into boiled or baked puddings, added to soups, or in any other way. In all cases it is much relished. In conclusion, I cannot but think that the chemical composition and properties of semola must render it a very valuable adjunct to remedies, and recommend it to the general adoption of the profession. Whether the small amount of starch it contains beyond that necessarily added to gluten bread, will preclude its use in diabetes, remains, I conceive, to be determined experimentally. There is no other case, so far as I know, where any attempt to supply food altogether without starch is desirable—and diabetes is happily rare. Most assuredly that object has not hitherto been, nor is it likely to be very soon effected; but I would suggest that most of the saccharine matter of the wheat flour being washed away in the preparation of the gluten, may render the presence of simple starch less objectionable.—*London Lancet.*

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* A substance has been sold for some time in France, richer in gluten than wheat flour, but containing far less than semola.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 6, 1850.

Preservation of Defective Teeth.—Dr. Harwood, a dental operator of celebrity in Boston, is practising a method in regard to the management of diseased, sensitive, aching teeth, which promises to revolutionize the whole modern art and mystery of operative dentistry, while the benefit likely to accrue to those so unfortunate as to suffer from diseased teeth is of incalculable importance. The idea was first suggested by his partner, Dr. Parker. The old practice consisted, in regard to a carious tooth, too sensitive to bear gold filling at once, in destroying the vitality of the nerve by the application of arsenic, nitro-muriatic acid, or even the actual cautery by introducing into the cavity a red-hot wire. When that had been accomplished, pressure could be borne and the hollow completely occupied with gold. In that case, however, the tooth became, by the laws of chemistry, a foreign substance. It had no longer any vitalized connection with the living system, and consequently soon became partially if not wholly discarded, and gradually rose from the socket—nature never relaxing her efforts to throw off the dead material. To save the tooth, without severing its connection with the jaw, by the destruction of the nerve, was the ambition of Dr. Harwood. Those familiar with the anatomy of the region will appreciate the ingenuity and success of his plan. With a simply-constructed instrument, the shape and use of which are no secret, the nerve is severed. Instantly the patient is relieved from the acute and distracting pain sometimes characteristic of some kinds of pulp-exposed teeth. Having carefully removed every speck and point of decayed bone, the tooth is then plugged artistically, without the least disturbance to the patient. In the meanwhile a conservative principle is at work. The diseased upper and exposed surface of the nerve is divided from the healthy mass below; but little or no inflammation follows, the air being excluded, as in subcutaneous division of the tendons, and the wound speedily heals. Nourished, as it always had been, by the arteries at the roots, and the body of the tooth retaining all its original vital endowments, no discoloration ensues, and a tooth subjected to this truly philosophical treatment, may perhaps remain the most enduring and useful of any in the jaw through life.

We consider this a triumphant achievement of American dental science, deserving the marked consideration of dental surgeons, and the most extended publicity of the press.

Pneumatic Spatula.—In a preceding page may be found some account of an ingenious instrument, called the pneumatic spatula, invented by Geo. Bartlett, M.D., of Boston. It reminds one of a gorget, at first sight, yet it has neither cutting edges nor inconvenient angles. A piece of steel is so fashioned, that while the tongue is pressed down, out of the line of vision, the epiglottis is effectually controlled. At the extremity of the spatula, grasped by the hand, is an India-rubber bag, filled with the medication to be applied to the diseased place in the throat. By compressing it slightly, the contents are forced the entire length of the instrument, precisely to the point desired by the operator. No other contrivance seems to compare with this simple, yet beautiful construction, and it ought to be extensively manufactured for the profession. Treatment of diseases in the region of the fauces and bronchial apparatus, would unquestionably be far more successful than it is with practitioners generally, were they in possession of the proper mechanical facilities. Since, however, there is not another pneumatic spatula in the city, as far as we know, it would be worth while for physicians to call on Dr. Bartlett, Chardon street, and examine his excellent contrivance.

Love of Science—Dr. Shipman's Introductory.—Dr. Shipman's lecture, introductory to a course on surgery at the Indiana Medical College, Laporte, may be characterized as a sensible dissertation on the love of science, and the advantages accruing from a determined perseverance in studying those branches of knowledge which elevate man in the moral scale, and minister to his sufferings in disease. Dr. Shipman has had enough to do with the busy world to know that personal happiness is to be found in the consciousness of having striven to be useful, rather than in the exercise of a selfishness which covets all the honor and all the goods in the possession of others. He entertains philosophical views of the relations of medical men to the sick, and by no means shows a disposition to weep his eyes out because quackery rides through the land with triumphant success. He declares fearlessly that both law and divinity are beset with quacks also, and out of this fact draws a modicum of consolation, which finally convinces the reader that badly as we are used by being undervalued, and out-generalled by ignoramuses in medicine, there is hope, even in the last stages of this mortifying case: a good name, a thorough system of preparation for the duties of the profession in which we have embarked, does command the respect of those whose opinions have weight in society.

By this lecture we gain an insight into western feeling. Those broad prairies produce something besides wild flowers. There is mind there, and a grasping ambition, too, to excel in those intellectual pursuits which dignify individuals, and add lustre to the name of our common country.

Obligations of the Medical Profession.—Prof. Evans, one of the Faculty of the Rush Medical College, Chicago, Illinois, on the 7th of February gave a valedictory to the graduating class of the institution, in which is discussed the "nature, utility and obligations of the medical profession," in a spirit honorable to the talented author. It must have been a profitable hour for those to whom it was especially addressed. The idea that the study of medicine leads to infidelity, is treated with becoming contempt. If an undevout astronomer is mad, in what an anomalous condition of mind must that physician be, who cannot see the hand of divinity impressed upon organized living matter. Professor Evans points so directly to the physician's line of duties, that he must be stupid indeed who cannot understand from the address the vast weight of moral obligation that rests upon one who takes upon himself the responsibilities of life and death. Lastly, with a parental blessing, accompanied with a kindness of heart that must have made a deep impression on the interesting occasion in which his wishes were delivered, the master and pupil parted with mutual farewells.

Boston Lunatic Asylum.—In the printed transactions of the Common Council last week, the story, which has circulated quite freely, came out in full, viz., that there was a coldness existing between the Superintendent of the Lunatic Asylum and the Board of Managers. A report in favor of having the physician appointed by the visiters, was read; and then followed a counter one, urging the conscript fathers to stand firmly by the present ordinance, which gives the City Council the election of that officer by concurrent vote. In the present aspect of the matter, there is good reason for believing that more harm than good will fall upon the institution, at South Boston, by this perpetual effort for some kind of change, either in men or measures. If the physician is at the disposal of the board of visiters, he must necessarily do as they direct, and not in accordance with his own judgment, for their ideas of the way and the time for every movement must be carried out or the doctor must walk out of the premises. If the present gentlemen composing the board, were always to be in office, no fear would be apprehended, since they are honorable men, under the influence of high principles of responsibility; but their successors may be petty tyrants, and abominations both to physicians and patients.

Chloroform and Crime.—An active demand for chloroform, to meet the depraved inclinations of those who look upon liquors as vulgar, is admitted to exist. That females should be in the majority of consumers, is a mortifying evidence of the misery that escapes general observation. Crimes are now managed very skilfully, by the use of this potent drug; and it is presumed that since rascals have discovered the importance of this auxiliary in carrying on their nefarious transactions, far greater scenes of wickedness than have yet been developed, may be transacted through the quiescent influence of chloroform.

The following case of robbery, copied from a London paper, brought out by the last steamer, illustrates the progress of roguery abroad, connected with this abused article.

"*Margaret Higgins* and *Elizabeth Smith*, two women of depraved habits, were brought up to the Worship-street Police Court for final examination, charged with having been concerned in administering chloroform to Mr. Frederick Hardy Jewitt, a solicitor in Lime street, and Westham, in

Essex, and subsequently robbing him of his watch, finger-ring, personal clothing, and various other articles. The prosecutor, who was unable to attend when the case was last before the magistrate, in consequence of severe illness resulting from the outrage to which he had been subjected, was now supported into court by his father, and accommodated with a seat in the counsel's box while his evidence was read over by Mr. Hurlstone, the second clerk; but he evidently still remained in such a shattered and debilitated condition that Mr. Arnold permitted him to retire immediately he had attached his signature to the depositions. Additional evidence was then given to connect the prisoners with the robbery. On being asked if they wished to offer anything in answer to the charge, both prisoners stoutly asserted their innocence, and declared that they had never seen the prosecutor until he presented himself in court to give evidence against them.

"The prisoners were fully committed to Newgate for trial."

Excision of a portion of the Lower Jaw.—At a regular clinique of the medical institution at Laporte, Indiana, in which operations of magnitude are frequently witnessed, Dr. Shipman recently performed the following. The patient, Morrison, 40 years of age, was formerly a robust healthy man, weighing 220lbs., ordinarily, but at the time of the operation so reduced in flesh as to weigh not much over 120. The disease commenced without any apparent cause, seven months ago, with a pain in the cheek, followed by looseness of his teeth, which he picked out of the sockets one after the other, till all the lower front and some of the others were lost. Soon after this the cheek began to enlarge, matter formed in the mouth beneath the tongue, between the lower lip and bone, and finally an abscess burst under the chin, which continued to discharge most offensive matter. The bone became bare of flesh in many places, and from the mouth was an exceedingly fœtid discharge of matter, saliva and mucus, which annoyed the patient so much, together with the pain and irritation, and want of proper rest, that he was soon reduced to the lowest state of debility. He was brought on a bed from Michigan. Chloroform was given till he was nearly in an insensible state. The operation was then commenced by making an incision from the angle of one side of the jaw around the chin to near the other. A profuse gush of blood from a number of arteries was the result, but they were soon tied, when the operation was resumed, the soft parts separated from the bone, and the limits between the dead and living portions ascertained. The saw was applied, and the whole removed from the 2nd molar on the left side, to the same on the other. The bone which was removed was carious. The chloroform operated most admirably.

February 6th, 10th day after the operation.—The man is out of danger. The wound has healed, and he is now able to start for home.

Mortality in 1849.—The number of deaths in Brooklyn, N. Y., for the year 1849, was 3,052, of which 1,503 were males, and 1,546 females; 1,440 were adults, and 1,612 were children. The excess of mortality in 1849 over 1848, was 957, owing chiefly to the cholera, of which there were 650 fatal cases. The population of Brooklyn is conceded to be 100,000. The ratio of deaths to population was, therefore, 1 to 33, or 3 per cent. Deducting the mortality caused by the epidemic, leaves the ratio 1 to 42.

The mortality of Rochester, N. Y., for 1849, was 885, being 77 less than that of the previous year. In the report made to the Board of Health, by Dr. Armstrong, the deaths by cholera are supposed to have been 161. The diminished aggregate mortality of the last year, compared with 1848, says Dr. W. W. Ely, is a result that may be owing to a variety of circumstances. The cholera, it is well known, did not prevail as extensively as in some other places, while the caution exercised by the public generally, in matters pertaining to health, and the extraordinary measures adopted for the purification of the city, undoubtedly exercised a most salutary influence. The variations in the last two years in respect to the prevalence of the ordinary diseases, are inconsiderable and unimportant. In the seasons which are characterized by an unusual prevalence of bowel complaints, there is a decrease in deaths from consumption. The proportion of this disease to the whole mortality in 1848, was 14.65 per cent, and in 1849, 13.89 per cent—years which were characterized respectively by the presence of dysentery and cholera. The abatement of this class of diseases, would, in all probability, be followed by an increase of consumption, as in 1845, when it constituted 21.15 per cent of the mortality. Although it appears, as above, that the aggregate mortality of 1849 was less than that of 1848, notwithstanding the prevalence of the cholera, the mortality of *adult life* was in fact greater. Thus, deduct from 962 (the mortality of 1848) the still-born and unknown—120, and those of 3 years and under—413; and we have 429 as the adult mortality of 1848, or all over 3 years of age. This, in a population of 32,000, is a mortality of one in 74.59. The same process applied to the mortality of 1849, gives a result of 1 in 70. The population of Rochester is probably between 32,000 and 35,000. The mortality is therefore in the proportion of 2.64 per cent, or about 1 in 37.

Death of Dr. Fisher.—Died on Saturday, March 2d, John D. Fisher, M.D., aged 52, an eminent physician of Boston. He was an amiable, excellent man, a scientific, skilful physician, and esteemed by all classes of citizens for his urbanity and kindness, and his prompt and untiring humanity. Dr. Fisher was extensively known as a writer on subjects connected with medicine, and having suffered from pulmonary difficulties from early life, he gave close and careful attention to diseases of the chest. It is difficult to sum up, in a paragraph, the excellencies of our departed friend. A memoir should be prepared by some one familiar with his life and professional character—a place for which is open in this Journal, the occasional medium of his own communications to the medical world. We sympathize with the relatives, thus suddenly bereaved of one who was an honor to them and to the community in which his life has been passed.

Members of the Massachusetts Legislature.—The statistical view of the Executive and Legislative departments of the Government of Massachusetts, for 1850, by Mr. Poole, doorkeeper of the house, is an interesting document. The date of birth, native place and occupation of each member are given. There are two physicians among the Governor's nine Councillors—viz., Drs. Timothy J. Gridley, of Amherst; and Luther V. Bell, Superintendent of the McLean Asylum for the Insane at Somerville. In the Senate, comprising 40 members, there are three physicians—Drs. John W. Graves, of Lowell; Aaron King, of Palmer; and Chester Bardwell, 2d, of Whateley.

In the House, which consists of 297 Representatives, there are only three physicians, two of whom are active members of the profession in this city—Drs. John W. Warren, Jr., and John Odin, Jr., of Boston; and J. G. Elliott, of Littleton. The farmers are the most numerous in both houses together, numbering 83, but the merchants have the largest number in the Senate. Of the whole 337 members, 284 were born in Massachusetts, and only 4 in foreign countries.

Treatment of Hooping Cough.—Dr. Paresi has published experiments of his made during an epidemic of hooping cough, which reigned in the Lommeline. He had in view to ascertain the relative value of the various treatments which had been proposed for that disease. Out of 122 patients, 111 were from three to ten years old, nine from ten to thirty, and two were fifty years old. Forty-eight of these were treated by the ordinary method; twenty-seven took cochineal; nineteen, laurel-water; six, vegetable acids; and twenty-two were treated by a mixed method. All those who were treated with cochineal, or the vegetable acids, recovered without exception. The result was almost the same with those who took laurel-water; and out of the remaining sixty who were treated either by the ordinary or mixed method, eighteen died.—*L'Union Médicale.*

Medical Miscellany.—A written language has been discovered in Africa. The alphabet consists of about one hundred letters, each representing a syllable.—The number of paupers in the New York Alms House is 1,881, seven-eighths of whom are there from the use of strong drink.—A new periodical, in the interest of the dentists, to be called *Dental Register of the West*, under the auspices of the Mississippi Valley Association of Dental Surgeons, is proposed.—One of the homœopathic fraternity is down upon Dr. Hooker, of Norwich, Conn., in consequence of something introduced into his charming work, Physician and Patient. It is strange how testy are some of the young converts to Hahnemannism. Great sinners, says the proverb, make the greatest saints.—The next meeting of the American Association for the Promotion of Science, will be held at Charleston, S. C., the second Tuesday in March. Such members as cannot attend, are urged to forward communications on any branch of knowledge that best accords with the taste and pursuits of the individual sending such papers.—Lectures on Surgery have been temporarily suspended at the Boston Medical College, in consequence of the indisposition of the professor in that department, who had the misfortune to get poisoned on one of his fingers, by matter from a subject. He is now happily recovering.

DIED,—At Freetown, Ms., Dr. Wm Carpenter, 77.—At Winchendon, Ms., Dr. Charles Knowlton, of Ashfield, Mass. of disease of the heart.—At Hingham, Mass., Jonas Underwood, M.D.

Deaths in Boston—for the week ending Saturday noon, March 2, 62.—Males, 35—females, 27. Apoplexy, 1—burn, 1—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 2—consumption, 9—convulsions, 2—child-bed, 3—dysentery, 1—dropsy of the brain, 1—drowned, 1—erysipelas, 1—typhoid fever, 3—scarlet fever, 1—lung fever, 4—rheumatic fever, 2—gangrene of the lungs, 1—hooping cough, 2—infantile diseases, 5—laryngitis, 1—inflammation of the lungs, 1—diseases of the liver, 1—marasmus, 1—palsy, 1—purpura, 1—smallpox, 5—teething, 2—tumor, 2—unknown, 2.

Under 5 years, 26—between 5 and 20 years, 10—between 20 and 40 years, 20—between 40 and 60 years, 4—over 60 years, 2. Americans, 22; foreigners and children of foreigners, 40.

An Account of a new mode of reducing Strangulated Hernia. By **Benjamin T. Hodge**, Esq., Surgeon, Sidmouth.—A few days since I was sent for to attend a man living some miles distant; but, being absent from home, and having numerous professional engagements, I did not arrive at my patient's house until several hours had elapsed. The case was one of strangulated oblique inguinal hernia, the rupture being of several years' standing, though strangulation of the intestine had never before taken place, as the patient was in the habit of reducing it himself with no great difficulty. On this occasion, however, he was not so successful; and the usual alarming symptoms—vomiting, constipation, and tenderness of the part—having presented themselves, he lost no time, during the interval before my arrival, in trying every means which occurred to him as most likely to facilitate his object. The external application of cold water, the warm bath, and the taxis, under every variety of position, as far as he himself could employ it, were all in vain. At last the pain became so acute, that he lay on the floor in a corner of the room, and raised his back against the wall, till at length he fairly stood on his head. After remaining in this position for a minute or two, the tumor receded without manipulation, and the hernia was reduced spontaneously. This occurred only a few minutes before my arrival. Relief had been instantaneous, and a dose of castor oil rendered further treatment unnecessary.—*London Lancet.*

Society for the Abolition of Burials in Towns.—At a recent meeting of this Society, the chairman presented a scheme for extramural burial, as regards the metropolis, which was read by the secretary. The measures recommended in this document were as follows:—"1. That a general system of extramural sepulture shall be forthwith organized throughout Great Britain. 2. That medical men be appointed to fill the ancient office of 'searcher,' and that no body be removed for interment without a certificate of death. 3. That the interment of the dead during the summer months within a period of — days be compulsory. 4. That for London, common land in the neighborhood of railways should be appropriated for general cemeterial purposes, branch lines conveying the funeral trains into the ground itself, as proposed by Mr. Walker to the Select Committee on Interment in Towns in 1842. 5. That a central administration be appointed to undertake every service (except religious) connected with the burial of the dead at fixed and specified charges, which latter should not exceed certain *maxima* laid down therein. 6. That the duty of providing for the interment of the dead be exclusively confined to the aforesaid administration." The report was unanimously adopted, and the meeting directed that it should be printed and circulated.—*London Medical Gazette.*

Puerperal Fever.—It has, of late, been again proposed, in France, to use injections of tepid water into the uterus, to control the fatal effects of the metro-peritonitis following labor. Dr. **Roche** advocated this treatment in 1844, in the *Gazette Médicale*, stating that he had met with great success by adhering to it, and M. **Gensoul**, of Lyons, gave it as his opinion, a few days ago, in *L'Union Médicale*, that phlebitis of the uterus is often brought on by the detritus and clots stagnating in the womb, and that warm douching, in removing these, contributed largely in keeping off the fatal effects of the uterine inflammation.